



Big Brothers
Big Sisters

NATIONAL STANDARDS 2025

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QA Program and Process

Introduction

This manual outlines the procedures and standards of the Big Brothers Big Sisters of Canada (BBBSC) Quality Assurance (QA) Program. Upon its approval and release, member agencies are bound to abide by these procedures and standards. The contents of this document supersede all former versions of the standards. For version history, please consult Version History Document (2025).

The intent of the QA Program is to certify that all member agencies are following minimum operating standards that promote stability, viability, transparency, and legislative requirements. In addition, the QA Program ensures the programs offered by member agencies adhere to the highest standards of child safety and risk management and produce a measurable positive impact that aligns with our National Theory of Change.

The QA Program will determine if agencies throughout Canada are abiding by the terms outlined in the three governing documents that bind each agency with BBBSC. These three documents are:

1. National Bylaws 1 (November 22, 2017)
2. National Bylaws 2 (June 28, 2017)
3. National Standards (2025)

Quality Assurance Review Cycle

Each member agency will follow a 4-year Quality Assurance Review Cycle. To respond to the identified need of more frequent review of agency compliance with National Standards, the QA program contains elements of compliance review that will be monitored annually and continuously throughout the 4-year cycle. Details are outlined in this document.

Standards and Program Review and Revisions

A comprehensive review of the National Standards (Standards) and the QA Program will take place every four years. This will ensure the Standards, corresponding appendices and review processes remain relevant and meet the ever-evolving needs of the federation. This will also ensure that each agency is evaluated based on a similar set of expectations in their respective review cycles.

Changes to the Standards will be voted on and incorporated by the membership at the Annual General Meeting (AGM) on an annual basis. However, standards related to legislation, insurance terms and conditions/other external factors may require necessary changes to the Standards on an ad hoc basis. These changes will be communicated to members, while the requisite supports and resources needed to meet these Standards will be provided to agencies, where applicable.

Please note that during the initial implementation phase of the QA Program, it is expected that

larger changes to Standards, appendices and the procedures will be implemented on a yearly basis as we evolve the comprehensive QA review program. Member agencies should be prepared to adapt to and adopt larger scale changes year to year in the first 3-4 years of the launch of the QA program.

These changes will be communicated to the membership and expectations around compliance will be structured to support the successful adoption of any new requirements.

Collecting Evidence

Types of evidence that will be collected:

i) Document Uploads

Agencies upload documents and other evidence to an online QA review portal. The expectations will be outlined in the Standards and corresponding indicators. The types of documents requested will include Policies and Procedures, Meeting Minutes, Strategic Plans, Program Evaluations, Program Descriptions, Reports etc.

ii) Surveys

Surveys will be distributed to be completed by agency staff and Board members. Expectations related to survey completion will be communicated to agencies by the National Office QA team.

Anonymized results of the surveys will be shared with agencies, if possible, by providing summary reports with any identifying information redacted. If the agency size is too small to enable anonymized data, then themes may be captured and shared as part of the agency's final QA report.

iii) Agency Self-File Audits

Agencies will be required to submit self-file audits as part of the QA review cycle. This will replace on-site file audits (in most cases). Agencies will be required to complete a self-assessment template that captures the requirements of the standards for client, volunteer, staff, student, and Board member files.

As further evidence, agencies will also be required to submit:

- policies and procedures related to documentation and file maintenance; and
- evidence that file audit results were discussed with relevant stakeholders to inform improvements (e.g., staff meeting minutes, Board minutes, etc.).

To further corroborate the information provided in the self-file audits and policies and procedures, questions related to documentation and files may be asked in surveys and interviews.

To facilitate and improve the use of the Service Delivery Platform (SDP), reports may be produced to ensure compliance with relevant standards. **Note:** Agencies will have until January 1, 2026, to meet the minimum requirements outlined in Annex D: Service Delivery Platform [PDS] for all new cases and new documentation related to active cases. Agencies authorized to use another database

must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards.

Should questions or concerns arise during this process, the National Office QA team may request a formal on-site file audit.

iv) Interviews

Virtual interviews may be conducted by the National Office QA team with Board members, staff and volunteers to further corroborate the evidence provided. However, in some cases the National Office QA team may request a formal on-site visit to conduct interviews.

v) Pictures/Videos

Pictures or videos capturing compliance with the indicators listed in Standards may be required as part of the review process. These could include pictures of office space, file storage locations, accessibility features etc. However, in some instances, the National Office QA team may request a formal on-site visit to conduct an on-site inspection.

vi) Agency Information

Agencies will be required to complete and submit profile information indicating the proposed programs, updated contact details, board members, etc.

vii) Publicly Available Data

Standards will ensure agencies are publishing required public information, such as certain policies (privacy, complaints, etc.), agency information and financial statements.

On Site Visits

The QA program will no longer require on-site visits as a part of the review process. However, the National Office QA team may request an on-site visit in response to evidence presented or as a necessary measure to observe compliance.

Review Teams

The National Office QA team will perform many of the duties that peer accreditors performed in previous accreditation cycles. Peer accreditors will no longer be responsible for file audits, reviewing policy and procedures and/or other documents, and conducting interviews.

In order to leverage the expertise of the federation and promote collaboration and knowledge sharing, a peer mentoring model is currently being studied. Within this model, the network's mentors will be selected, recruited, and trained to take on targeted and specific functions related to quality assurance based on their areas of expertise and experience.

Initial Notification about your Quality Assurance Review Date

QA reviews are ongoing. Efforts are made to collaborate with agencies to determine QA review dates, however, requests to change dates may only be considered in exceptional circumstances and if the National Office team has the capacity to support them.

QA review dates aim to be reflective of the former QA review cycle as well as other factors that may warrant a timelier review.

Approximately 8 months prior to your quality assurance review date, the National Director of Quality Assurance will connect with your agency to determine interview dates, schedule survey deployment and establish timelines for the submission of required documentation. This will also provide your agency an opportunity to discuss any issues you would like to flag for consideration that may impact your review (e.g., staff turnover, change in leadership at agency, labour negotiations).

The agency Quality Assurance package will be provided to you shortly after this time to enable your agency to prepare for the process.

Interventions and Supports

Different levels of intervention and support will be instigated based on pre-set expectations of compliance. The level of intervention will range from access to resources and support to expulsion of a member. Levels of intervention will be in accordance with National Bylaws 2 (June 28, 2017).

i) Access to Resources

This level of intervention will involve the creation of an updated resource library containing up to date and relevant examples of documents and resources for agency use. These resources will correspond with the requirements of the Standards and can be used by agencies as templates or references. In addition, the National Office team may connect agencies with other members of the federation to share resources and information. This level of intervention will help agencies respond to minor instances of Standard non-compliance or quality improvement recommendations, or to respond to an agency request for support.

ii) Access to Direct Support

This level of intervention will involve targeted support by connecting agencies with individuals with identified areas of expertise or knowledge including:

- Other BBBSC agencies
- National Office staff including National Director, Quality Assurance

This level of intervention will help agencies respond to minor to medium instances of Standard non-compliance or quality improvement recommendations or to respond to an agency request for support. This level of intervention may also be provisioned as a part of conditional certification or the suspension of an agency.

iii) Conditional Certification

This level of intervention will involve the establishment of a formal timeline for the achievement of Standard compliance. This level of intervention will be to respond to major issues of non compliance with National Standards, where there is evidence that the agency in question can and will continue to operate in compliance with National Standards (e.g., recent violation of a Standard with a long history of compliance). The President and CEO of BBBSC will be consulted to approve of a conditional certification. The National Director, Quality Assurance and other members of the National Office Team will work with the agency to ensure timelines are met. Should the agency not meet the expectations of a conditional certification, an agency may be suspended.

iv) Suspension

A member may be suspended from the BBBSC Federation in accordance with article 9 in National Bylaws 2 (June 28, 2017) for any breach of any National Bylaw or for failure to comply with the National Standards, if such breach or failure to comply is material or sustained. The process, including grounds and method of appeal, can be found in article 9 of Bylaws 2 (June 28, 2017).

v) Expulsion

An agency's membership may also be terminated according to article 10 in National Bylaws 2 (June 28, 2017). The process, including grounds and method of appeal, can be found in article 10 of Bylaws 2 (June 28, 2017).

National Standards 2025

These National Standards (Standards) are required to be incorporated into each agency's policies and procedures to ensure consistent operations and delivery of service across Canada. Compliance with Standards ensures child protection measures are consistently applied in every community served by a BBBSC agency. National Standards reduce overall risk and allows the National Office to secure insurance coverage for the entire Federation.

Please note that provincial and federal legislation supersedes National Standards.

The Standards and process outlined in this document have been determined through extensive consultation with federation members. This multi-year consultation included:

- The creation of a comprehensive report, led by the Quality Assurance Task Force (made up of federation members);
- A federation wide Quality Assurance Survey;
- The establishment of the Quality Assurance Committee (made up of and selected by Federation members) to steward this work;
- Critical feedback solicited through the review of this draft of the standards by member agencies across the federation; and
- Years of collecting formal and informal feedback from federation members as part of the accreditation process.

Structure

The Standards have been organized into a modular structure.

Standards are broken up into:

- i. Sections
- ii. Components
- iii. Standards
- iv. Indicators

i) Sections

Standards are grouped into two sections:

- i. Organizational Health
- ii. Program Delivery

The **Organizational Health Standards (OH)** look at the organizational foundations and overall health of the agency.

The **Program Delivery Standards (PD)** apply specifically to the delivery of high-quality programming and examine the journey of children/youth, families and volunteers through all aspects of programming from Intake to Closure. Program Delivery Standards contained in this document apply to the delivery of BBBSC mentoring programs described by Measuring Reach as: "...the intentional formation of a Developmental Relationship* between a professionally screened and trained mentor and a mentee, which is consistently monitored and supported to result in intended impact and primary outcomes." (*Search Institute). Programs that do not fall within these parameters are not subject to these Standards. However, the Standards do reflect best and leading practice for the delivery of other programs that may be offered by your agency.

ii) Components

Each Section is further broken down into the following components.

Organizational Health

- i) Essentials
- ii) Diversity, Equity and Inclusion
- iii) Governance
- iv) Human Resource Management
- v) Financial Management, Fund Development and Asset Management
- vi) Marketing
- vii) Communications
- viii) Facilities
- ix) Risk Management
- x) Documentation, Record Keeping and Information Management

Program Delivery

- i) Essentials
- ii) Intake (Child, Youth, Family)
- iii) Intake (Volunteer)
- iv) Children/Youth, Parent/Guardian and Volunteer Training
- v) Match Support
- vi) Closure

iii) Standards

Each Component is further broken down into Standards. Standards are aspirational or target statements that can be measured through measurable indicators. Standards are classified as either Mandatory or Striving for Excellence.

Mandatory Standards (MS) cover legislative requirements, significant child safety concerns,

significant risk considerations and elements critical to being a member of the BBBSC Federation. All these standards and indicators must be met to demonstrate compliance with the QA Program.

Striving for Excellence Standards (SFE) promote continuous quality improvement, developing a learning culture, excellence in service delivery, and the promotion of innovation and creativity. As the QA program aims to ensure continuous quality improvement amongst our federation members, during the implementation phase:

- One third of these SFE standards must be met by agencies to demonstrate compliance with the QA program. There are 9 SFE Standards in this version of Standards, therefore agencies must meet requirements for 3 of these Standards.
- Agencies must meet at least 1 SFE standard from each Section (e.g., at least one from Organizational Health (OH) and one from Program Delivery (PD) in addition to one additional Standard from either section).

Notes: Agencies are encouraged to meet more than the minimum number of SFE standards. In addition, SFE standards will act as a mechanism to introduce new Standards of practice to the Federation and to test their relevancy and applicability.

iv) Indicators

Each Standard will contain a list of measurable indicators required to show compliance. The evidence required for each indicator and frequency of assessment will be clearly defined.

Frequency of Assessment

Each indicator listed will outline whether compliance will be reviewed:

- i. Continuously (in real time);
- ii. Yearly; or
- iii. Every 4 years as part of a comprehensive review.

i) Indicators with Continuous Compliance Expectation

There will be the expectation that certain indicators found in the Standards are continuously followed and compliance can be measured at any time. These would include critical elements of child safety, programming, and essential elements of organizational health. Review of compliance with these indicators will be periodically monitored and immediate compliance may be requested as part of the QA process.

This would also apply to indicators that facilitate essential communication between the National Office and local agencies (e.g., current ED/CEO and Board member contact list, any change of address/location, major changes to operations, etc.)

ii) Indicators with Annual Compliance Expectation

There will be the expectation that certain indicators found in the Standards will be complied with and monitored on an annual basis. This would involve processes that traditionally have a yearly cycle (e.g., providing annual financial reports, updating programming/staff info, updating required policies, self-file audits, etc.)

In addition, automated reports may be provided to agencies outlining compliance with documentation and reporting requirements related to the use of the Service Delivery Platform (SDP). Note: Agencies will have until January 1, 2026, to meet the minimum requirements outlined in Annex D: Service Delivery Platform [PDS] for all new cases and new documentation related to active cases. Agencies authorized to use another database must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards.

Interim QA reviews will ensure agencies are provided with regular and thorough feedback regarding QA compliance. This will enable agencies to address any potential issues before they evolve into serious compliance issues warranting greater intervention. In addition, having interim check-ins will require agencies to reflect on, update and provide documentation more frequently. This will distribute the resources required to comply with the QA program throughout the review cycle while embedding the QA program fully into the agency's programs and operations.

iii) Indicators with 4-year Review Cycle Expectation

A comprehensive review of the agency's compliance with the Standards will take place every four years. Indicators reviewed every four years will focus on processes that normally transpire in four (or more) year cycles (e.g., strategic planning, policy and procedure reviews, etc.) In addition, the 4-year QA review will provide mechanisms to corroborate the evidence provided throughout the cycle by directly connecting with stakeholders (interviews, surveys, etc.) to ensure that the evidence provided reflects actual practice.

Organizational Health Standards (OH)

Component: Organizational Health Essentials (OHES)

Standard OHES-1 (MS)

The agency has adopted the BBBSC National Theory of Change, Mission, and Vision to guide decision making.

All indicators must be met (2/2)	Evidence of Compliance:
1. The National BBBSC Theory of Change, Mission and Vision is communicated with stakeholders.	<ul style="list-style-type: none"> Documentation (<i>Pamphlets, Promotional Material etc.</i>) Website REVIEW CYCLE : 4 YEARS
	See Appendix A - National Theory of Change
2. Staff and Board members reference the National Theory of Change, Mission and Vision when making operational and programming decisions.	<ul style="list-style-type: none"> Staff/Board member Interviews REVIEW CYCLE: 4 YEARS

Standard OHES-2 (MS)

The agency is guided by a multi-year strategic plan.

All indicators must be met (3/3)	Evidence of Compliance:
1. The strategic plan is created by soliciting direct input from internal and external stakeholders.	<ul style="list-style-type: none"> Documentation (<i>Meeting Minutes, Reports</i>) Staff/Board Member Interviews Staff/Board Member Surveys REVIEW CYCLE : 4 YEARS
2. Strategic planning includes a comprehensive environmental scan of the needs and strengths of the community served.	<ul style="list-style-type: none"> Documentation (<i>Meeting Minutes, Reports</i>) Staff/Board Member Interviews Staff/Board Member Surveys REVIEW CYCLE: 4 YEARS
3. Strategic planning includes an overview of the agency's history, current financial status, and program reach.	<ul style="list-style-type: none"> Documentation (<i>Meeting Minutes, Reports</i>) Staff/Board Member Interviews Staff/Board Member Surveys REVIEW CYCLE: 4 YEARS

4. Strategic priorities are articulated, measurable and linked to the BBBSC Theory of Change, mission, and vision.	<ul style="list-style-type: none"> Documentation (<i>Strategic Plan</i>) REVIEW CYCLE: 4 YEARS
	See Example - Strategic Planning Template
5. The agency's Board of Directors approves the strategic plan.	<ul style="list-style-type: none"> Documentation (<i>Strategic Plan, Board Meeting Minutes</i>) REVIEW CYCLE: 4 YEARS
6. The Board of Directors reviews the agencies progress in achieving strategic priorities at least annually.	<ul style="list-style-type: none"> Documentation (<i>Board meeting Minutes, Board Reports</i>) Board Member Interviews REVIEW CYCLE: 4 YEARS
Note: Strategic plans are created to capture your agency's vision for the future.	

Standard OHES-3 (MS)

The agency's strategic plan and priorities are supported by operational planning.

All indicators must be met (4/4)	Evidence of Compliance:
1. The operational plan is articulated in writing and includes measurable goals and objectives.	<ul style="list-style-type: none"> Documentation (<i>Operational Plan</i>) REVIEW CYCLE: 4 YEARS
	See Example - Operational Planning Template
2. Operational planning involves agency staff and relevant stakeholders.	<ul style="list-style-type: none"> Documentation (<i>Meeting Minutes, Reports</i>) Staff/Board Member Interviews Staff/Board Member Surveys REVIEW CYCLE: 4 YEARS
3. Operational planning goals and objectives are reviewed regularly by agency leadership.	<ul style="list-style-type: none"> Documentation (<i>Meeting Minutes</i>) Staff Interviews Staff Surveys REVIEW CYCLE: 4 YEARS
4. Results from the operational planning reviews are shared with Board members and used to adjust the allocation of resources (e.g., staffing, funding etc.), if needed.	<ul style="list-style-type: none"> Documentation (<i>Board Meeting Minutes, Board Reports</i>) REVIEW CYCLE: 4 YEARS
Note: Operational plans are created to illustrate how your agency will operationalize your strategic plan on a quarterly, monthly, weekly basis etc.	

Standard OHES-4 (MS)

The agency has a comprehensive set of current and up to date policies.

All indicators must be met (4/4)	Evidence of Compliance:
1. The agency has written policies and procedures that address: <ul style="list-style-type: none"> A. The review and development of policies; B. Required policies; C. The approval process for policies; D. The timeline for review (minimum every four years); and E. Tracking of review schedule, review, and approval. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Policy Review and Development Policy</p>
2. Staff, Volunteers and Board members are involved in the review and development of any policies that pertain to them.	<ul style="list-style-type: none"> • Documentation (<i>Meeting Minutes, Reports</i>) • Staff/Board/Volunteer Interviews • Staff/Board Member Surveys <p>REVIEW CYCLE: 4 YEARS</p>
3. Dates of review and approval are indicated on all policies and procedures.	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p>
4. All policies and procedures are reviewed at minimum every four years.	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p>

Component: Diversity, Equity, and Inclusion (DEI)

Standard DEI-1 (MS)

The agency's commitment to Diversity, Equity and Inclusion is reflected in their programs, governance, and work environment.

All indicators must be met (3/3)	Evidence of Compliance:
1. The agencies commitment to DEI is captured in the agencies strategic priorities and/or policies.	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures, Strategic Priorities</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - DEI Commitment</p>
2. Policies and procedures ensure the agencies programs, governance structure and work environment are free from violence, harassment, oppression, and	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p>

discrimination and are in accordance with relevant federal and provincial legislation.	
3. Staff, Volunteers and Board members participate in training related to Diversity, Equity, and Inclusion.	<ul style="list-style-type: none"> Documentation (<i>Proof of Training Completion</i>) Staff Interviews Staff Surveys REVIEW CYCLE: 4 YEARS

Standard DEI-2 (SFE)

The agency demonstrates a commitment to continued growth in Diversity, Equity, and Inclusion.

2 indicators must be met (2/3)	Evidence of Compliance:
1. The agency has a plan that reflects their commitment to continued growth in DEI in their programming, operations, and human resources.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures, Program Plans, Strategic Plan, Operational Plan</i>) REVIEW CYCLE: 4 YEARS
2. Community input is sought in the development of policies, strategic planning and the offering of training opportunities related to Diversity, Equity, and Inclusion.	<ul style="list-style-type: none"> Documentation (<i>Reports</i>) Staff Interviews Staff Surveys REVIEW CYCLE: 4 YEARS
3. Board members and agency staff participate in regular training or professional development opportunities to build organizational capacity in this area.	<ul style="list-style-type: none"> Documentation (<i>Proof of Training Completion</i>) Board Interviews REVIEW CYCLE: 4 YEARS

Component: Governance (GOV)

Standard GOV-1 (MS)

The Board operates according to comprehensive bylaws, policies, and procedures.

All indicators must be met (4/4)	Evidence of Compliance:
1. The Board's roles, accountabilities and responsibilities are captured in bylaws and/or policies. This must cover at minimum responsibilities for: A. Strategic planning/direction;	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures, Bylaws</i>) REVIEW CYCLE: 4 YEARS See Example - Board of Directors Bylaws

<ul style="list-style-type: none"> B. Annual budget and key financial decisions; C. Compensation practices and policies; and D. Fiscal and governance policies. 	
<p>2. The Board reviews all governance policies and procedures at minimum every 4 years.</p>	<ul style="list-style-type: none"> • Documentation (<i>Board Meeting Minutes, Policies and Procedures</i>) • Board Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>3. All governance policies and procedures are approved by the Board.</p>	<ul style="list-style-type: none"> • Documentation (<i>Board Meeting Minutes, Policies and Procedures</i>) • Board Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>4. Written policies, procedures and/or Bylaws outline:</p> <ul style="list-style-type: none"> A. Board composition (at minimum 3 members); B. Qualifications; C. Elections, appointments, vacancies; D. Removal of a Director; E. Length of terms; F. Any limits on consecutive terms; and G. Recruitment of Board members. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures, Bylaws</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Board of Directors Bylaws</p>

Standard GOV-2 (MS)

The Board has comprehensive policies and/or related to structure and decision making.

All indicators must be met (6/6)	Evidence of Compliance:
<p>1. The Board has written bylaws and/or policies and procedures related to number and types of meetings per year (at minimum quarterly).</p>	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures, Bylaws</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Board of Directors Bylaws</p>
<p>2. The Board has a Conflict-of-Interest Policy that captures at minimum that:</p> <ul style="list-style-type: none"> A. Directors must declare any conflict of interest during Board meetings and this conflict must be noted in the minutes; B. No employee may be a Board member; 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Board Conflict of Interest Policy</p>

<p>C. Board members must be at arm's length to each other, to the most senior staff person and/or other management staff; and</p> <p>D. No member of the Board is entitled to receive, either directly or indirectly, any salary, wages, fees, commissions or other amount for services rendered to the organization in their capacity as a director.</p>	
<p>3. The Board has policies and procedures or bylaws that outline voting rights and quorum.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures, Bylaws</i>) <p>REVIEW CYCLE: 4 YEARS</p>
<p>4. There are written Terms of Reference that describe roles and responsibilities of Officer Positions and any Board Committees.</p>	<ul style="list-style-type: none"> Documentation (<i>Terms of Reference, Board of Directors</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Board of Directors Terms of Reference</p>
<p>5. The Board sets expectations regarding reporting related to key activities, required reporting and milestones. Required reports include:</p> <p>A. Compliance with its own governing documents (e.g., letters, patent, by-laws) and all applicable federal, provincial, and municipal laws and regulation;</p> <p>B. At least twice a year that all statutory remittances have been made;</p> <p>C. Finances;</p> <p>D. Critical incidents and risk management; and</p> <p>E. Complaints.</p>	<ul style="list-style-type: none"> Documentation (<i>Workplan, Reporting Schedule</i>) Board Interviews <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Board of Directors Workplan</p>
<p>6. Minutes are captured for all Board meetings and clearly indicate attendance, whether quorum has been reached, any identified conflict of interest and decisions rendered.</p>	<ul style="list-style-type: none"> Documentation (<i>Board Meeting Minutes</i>) <p>REVIEW CYCLE: 4 YEARS</p>

Standard GOV-3 (MS)

The agency's governance structure ensures clear distinction between the role of the Board, CEO/ED and staff.

All indicators must be met (8/8)	Evidence of Compliance:
1. Written policies and procedures outline a fair, transparent, professional recruitment process for the Executive Director position.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS See Example - HR Policies and Procedures
2. The Board is responsible for ensuring the Executive Director (ED) receives a thorough orientation to the position. This orientation must address indicators in Component: Human Resource Management (HR) , in addition to elements specific to the ED position.	<ul style="list-style-type: none"> Documentation (<i>ED Orientation Plan</i>) Self-File Audit - Staff REVIEW CYCLE: 4 YEARS See Example - ED Orientation Template
3. The Board must ensure completion of required ED training, including addressing indicators in Component: Human Resource Management (HR) , in addition to participation in all BBBSC Executive Director training.	<ul style="list-style-type: none"> Documentation (<i>Completion of ED Training</i>) Self-File Audit - Staff REVIEW CYCLE: 4 YEARS
4. The Board conducts yearly performance appraisals for the Executive Director position based on clear performance objectives.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures, Performance Management Template</i>) Self-File Audit - Staff Board/ED Interview REVIEW CYCLE: 4 YEARS See Example - Performance Management Template
5. The Board and ED undergo succession planning on an annual basis. Succession planning must include the review of the ED manual, emergency succession plan for unplanned absences, succession planning for key positions and ensuring the continuity of service delivery and operations. Adjustments, revisions and updates are completed when necessary.	<ul style="list-style-type: none"> Documentation (<i>Succession Plans</i>) Board/ED Interview REVIEW CYCLE: 4 YEARS See Example - Succession Plan
6. The ED's total compensation package is approved by the Board or a Board Committee.	<ul style="list-style-type: none"> Documentation (<i>Board Meeting Minutes</i>) Board Interview

REVIEW CYCLE: 4 YEARS	
7. The Executive Directors expenses are reviewed at least annually by a member(s) of the board.	<ul style="list-style-type: none"> Documentation (<i>Board Meeting Minutes</i>) Board Interview
REVIEW CYCLE: 4 YEARS	
8. The agency has a current organizational chart that outlines reporting structure, responsibility, and lines of communications.	<ul style="list-style-type: none"> Documentation (<i>Org Chart</i>)
See Example - Org. Chart	

Standard GOV-4 (MS)

The Board has a recruitment, orientation, onboarding, development, and evaluation strategy that meets its policies and procedures and supports its function.

All indicators must be met (6/6)	Evidence of Compliance:
1. The Board conducts an annual evaluation process that identifies strengths and areas of improvement.	<ul style="list-style-type: none"> Documentation (<i>Evaluation Template, Evaluation Report</i>) Board Interviews
REVIEW CYCLE: 4 YEARS	
2. The Board's recruitment process involves assessing the agency's needs, and gaps in Board member skills and experience. Attempts are made to fill vacant Board positions with candidates that meet these identified needs.	<ul style="list-style-type: none"> Documentation (<i>Copy of Assessment, Report</i>) Board Interviews
REVIEW CYCLE: 4 YEARS	
3. All Board members must complete and provide satisfactory results for the following documentation before joining the agency as a Director: <ul style="list-style-type: none"> A. Criminal record check; B. Annual Offence Declaration Form to update their record history with any new investigations, allegations, Criminal Code convictions, or pardons related to sexually based offences [Completed declarations will be maintained in the Board member's file]; C. Vulnerable records check if Board Member will deal directly with youth or other vulnerable people connected to the organization; 	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Self-File Audit - Board of Directors
REVIEW CYCLE: 4 YEARS	
See Appendix L - Offence Declaration Form	

<p>D. Code of Ethics (Including Board members serving as mentors, if applicable);</p> <p>E. Statement acknowledging understanding of their obligations;</p> <p>F. Confidentiality forms; and</p> <p>G. Other forms required by the agency.</p>	
<p>4. The Board participates in ongoing training and leadership development opportunities to facilitate its function. These would include the areas of accountability, fund development, strategic planning, and succession planning.</p>	<ul style="list-style-type: none"> Documentation (<i>Proof of Training</i>) <p>REVIEW CYCLE: 4 YEARS</p>
<p>5. New Board member orientation should happen no later than the new member's second meeting and should cover at minimum the Mission, Vision and Theory of Change of BBBSC, strategic plan, roles responsibilities and time commitment, expectations related to conduct and ethical considerations, duties and liability, programs offered, agency financial status and stewardship role, National Bylaws and Standards, local bylaws, governance policies and procedures, risks, assets, and insurance.</p>	<ul style="list-style-type: none"> Documentation (<i>Board Orientation Package</i>) Self-File Audit - Board of Directors Board Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>6. The Board has and regularly reviews its succession plan for officer positions.</p>	<ul style="list-style-type: none"> Documentation (<i>Succession Plan</i>) Board Interviews <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Succession Plan</p>
<p>Note: The original copy of police record check and vulnerable sector checks should be kept on file, if possible. Where it is not possible to retain the original on file, a copy with a statement indicating that the original has been reviewed, signed, and dated by a staff member is sufficient. If a local police department does not issue original physical copies of records checks, (e.g., only digital, or emailed copies) the agency must document in writing when this was confirmed with the local police department. In addition, the agency must take any measures available to confirm authenticity of the digital documents provided (e.g., virtual checks, having volunteer open email in presence of staff, consent to confirm authenticity of document with local police department, etc.)</p>	

Standard GOV-5 (SFE)

The agency takes the necessary steps to ensure that the governance of the agency is reflective of the diverse people and communities served.

2 of 3 Indicators must be met (2/3)	Evidence of Compliance:
1. Recruitment of Board members ensures that the lived experience, representation, and connection to communities and demographics served are considered.	<ul style="list-style-type: none"> Documentation (<i>Board recruitment strategy</i>) Board Interviews REVIEW CYCLE: 4 YEARS
2. The Board recruitment strategy of the agency involves recruiting representation from the diverse communities served by the agency.	<ul style="list-style-type: none"> Documentation (<i>Board recruitment strategy</i>) Board Interviews REVIEW CYCLE: 4 YEARS
3. The agency ensures that meaningful input into the governance of the agency is provided by the diverse communities and people served through direct Board membership, participation in committees or other meaningful engagement opportunities.	<ul style="list-style-type: none"> Board Interviews REVIEW CYCLE: 4 YEARS

Component: Human Resource Management (HR)

Standard HR-1 (MS)

The agency has current HR policies covering the employment conditions and hiring of employees that complies with all relevant legislation.

All indicators must be met (2/2)	Evidence of Compliance:
1. The agency has written Human Resource policies and procedures that cover at a minimum: <ul style="list-style-type: none"> A. Compensation and Benefits (Including a Compensation Structure, if applicable, that fairly compensates each position in the agency); B. Vacation and Leave; C. Supervision; D. Progressive Disciplinary Procedure; E. Performance Management; F. Working Conditions (e.g., remote/in person); G. Complaints and Grievances process including the process where staff 	<ul style="list-style-type: none"> Documentation (<i>HR Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS <p>See Example - HR Policies and Procedures</p>

<p>can gain access to Board members; and</p> <p>H. Other policies legislated by the agency's province of operation (e.g., in some provinces electronic monitoring policy is required at 25 and more employees).</p>	
<p>2. The agency has policies and procedures to ensure employees are hired through an objective and consistent process. These policies and procedures cover at a minimum:</p> <ul style="list-style-type: none"> A. Job Posting Requirements; B. Application Process; C. Interview Process; D. Reference Check requirements; and E. Successful Criminal Record Check completion prior to employment. <p>Agencies must determine whether a Vulnerable Sectors check is additionally required based on the staff member's roles and responsibilities. A Vulnerable Sectors check must be completed if the staff member's roles put them in a position of authority, care or trust of a child, pursuant to the Criminal Records act. The successfully completed check(s) is to be considered part of the employment contract/hiring criteria. In addition, a new vulnerable sector/criminal record check must be conducted every 5 years.</p>	<ul style="list-style-type: none"> • Documentation (<i>HR Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - HR Policies and Procedures</p>
<p>Note: The original copy of police record check and vulnerable sector checks should be kept on file, if possible. Where it is not possible to retain the original on file, a copy with a statement indicating that the original has been reviewed, signed, and dated by a staff member is sufficient. If a local police department does not issue original physical copies of records checks, (e.g., only digital or emailed copies) the agency must document in writing when this was confirmed with the local police department. In addition, the agency must take any measures available to confirm authenticity of the digital documents provided (e.g., virtual checks, having volunteer open email in presence of staff, consent to confirm authenticity of document with local police department, etc.)</p>	

Standard HR-2 (MS)

The agency has written policies and procedures to ensure employees work in an environment that is free from violence, harassment, oppression, and discrimination.

All indicators must be met (2/2)	Evidence of Compliance:
1. The agency has written policies and procedures that cover: <ul style="list-style-type: none"> A. Confidentiality; B. Conflict of Interest; C. Workplace Violence and Harassment; and D. Breaches of Conduct Policies. 	<ul style="list-style-type: none"> Documentation (<i>HR Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - HR Policies and Procedures</p>
2. The agency has a protected disclosure (whistleblower) policy that provides permission and safety to enable individuals to come forward with information they reasonably believe to be dishonest, unethical, irregular, or appear to involve conflict of interest or commitment, abuse of public trust, or that are potentially unlawful, dangerous to any person, or injurious to BBBSC interests. This protected disclosure policy must specify that the organization will not retaliate against and will protect the confidentiality of individuals who make good-faith disclosures.	<ul style="list-style-type: none"> Documentation (<i>HR Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - HR Policies and Procedures</p>

Standard HR-3 (MS)

Human resource policies are reviewed regularly and accessible to staff.

All indicators must be met (4/4)	Evidence of Compliance:
1. Human Resource Policies are reviewed at minimum every 4 years and updated when needed.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p>
2. Policies are readily accessible to all employees.	<ul style="list-style-type: none"> Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>
3. Policies are introduced to new employees in the onboarding/training process and comprehension is verified (e.g., signature statement).	<ul style="list-style-type: none"> Self-File Audit - Staff Staff Interviews Staff Surveys <p>REVIEW CYCLE: 4 YEARS</p>

4. When policies are changed or amended, adequate training/review is provided to all staff members.	<ul style="list-style-type: none"> Documentation (<i>Meeting Minutes, Staff Sign Off Sheets</i>) Staff Interviews REVIEW CYCLE: 4 YEARS
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Standard HR-4 (MS)

All staff have up to date job descriptions.

All indicators must be met (3/3)	Evidence of Compliance:
1. All staff are provided with job descriptions when starting employment and when any changes are made.	<ul style="list-style-type: none"> Self-File Audit - Staff Staff interviews REVIEW CYCLE: 4 YEARS
2. Staff have the opportunity to provide regular input related to their job descriptions (e.g., as part of the performance appraisal process.)	<ul style="list-style-type: none"> Staff interviews Staff Surveys REVIEW CYCLE: 4 YEARS
3. Job descriptions for all positions are reviewed at a minimum every 5 years.	<ul style="list-style-type: none"> Sample of Job Descriptions for Positions within the Agency REVIEW CYCLE: 4 YEARS
	See Example - Job Descriptions

Standard HR-5 (MS)

All agency staff have complete human resource files that are securely stored.

All indicators must be met (2/2)	Evidence of Compliance:
1. All staff have human resource files that include: <ul style="list-style-type: none"> A. Resume; B. Correspondence, including a letter of offer or employment contract detailing terms of employment; C. Interview Assessments; D. Reference Checks; E. Original Criminal Record and Vulnerable Sector Check (updated every 5 years); F. Annual Offence Declaration; G. Copy of the Individuals Diploma, Degree or Certificate; 	<ul style="list-style-type: none"> Self-File Audit - Staff REVIEW CYCLE: 4 YEARS
	See Appendix L - Offence Declaration

<p>H. Evidence of Required Training Completion;</p> <p>I. Evidence of Orientation;</p> <p>J. Evidence of Professional Development/Training (inc. Annual Goals and Expected Results);</p> <p>K. Annual Performance Appraisals;</p> <p>L. Documentation Regarding Disciplinary Actions;</p> <p>M. Code of Ethics; and</p> <p>N. Statement of Confidentiality.</p>	
<p>2. Human resource files are kept for all staff and stored at the agency's main office or digitally, in a way that maintains their privacy and confidentiality of staff with appropriate access control.</p>	<ul style="list-style-type: none"> • Staff Interviews • Pictures <p>REVIEW CYCLE: 4 YEARS</p>

Standard HR-6 (MS)

Staff receive the required level of supervision, support, and resources to promote success in their roles.

All indicators must be met (3/3)	Evidence of Compliance:
<p>1. Agency staff receive regular support and supervision.</p>	<ul style="list-style-type: none"> • Staff Survey • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>2. All agency staff receive annual performance appraisals that include input from both the staff and supervisor. The performance appraisal process at minimum covers:</p> <p>A. Review of Job Description;</p> <p>B. Goals Setting;</p> <p>C. Performance Objectives; and</p> <p>D. Areas of Strength and Improvement.</p>	<ul style="list-style-type: none"> • Documentation (<i>Performance Appraisal Forms</i>) • Self-File Audit - Staff • Staff Survey • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Performance Management Template</p>
<p>3. Staff have access to professional development/training opportunities that are focused on meeting the needs of the agency and the staff member.</p>	<ul style="list-style-type: none"> • Documentation (<i>Proof of Training</i>) • Staff Survey • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>Note: One staff agencies must ensure there are mechanisms in place to adequately supervise the staff member and that the staff has access to support and resources.</p>	

Standard HR-7 (MS)

Upon hire, all agency staff receive the required orientation and training to be successful in their role.

All indicators must be met (2/2)	Evidence of Compliance:
<ol style="list-style-type: none"> Staff orientation is completed within the first month of hire and covers at a minimum: <ol style="list-style-type: none"> Mission, Vision and Theory of Change of BBBSC; Strategic Priorities of the Agency; Client Rights; Any Benefit Information; Staff Rights and Responsibilities; Agency Policies and Procedures; Workplace Health and Safety; and Agency Roles and Responsibilities. 	<ul style="list-style-type: none"> Documentation (<i>Copy of staff orientation or checklist</i>) Self-File Audit - Staff <p>REVIEW CYCLE: 4 YEARS</p>
<ol style="list-style-type: none"> All agency staff complete the required training within three months of hire. This training includes: <ol style="list-style-type: none"> Child Safety/Protection (required to be renewed every two years); Strong from the Start; Big Fundamentals (National Orientation Training); and Other Training as outlined in the local agency policies and procedures. 	<ul style="list-style-type: none"> Self-File Audit - Staff Staff Survey Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>

Standard HR-8 (MS)

The agency has the requisite number of qualified employees to function and meet Standards.

All indicators must be met (3/3)	Evidence of Compliance:
<ol style="list-style-type: none"> The agency employs an Executive Director (CEO) who reports directly to the Board. 	<ul style="list-style-type: none"> Update National Office if New ED is Hired <p>REVIEW CYCLE: CONTINUOUS</p>
<ol style="list-style-type: none"> The minimum qualification requirement for the Executive Director position will be determined by the local Board based on the 	<ul style="list-style-type: none"> Agency Information Survey <p>REVIEW CYCLE: YEARLY</p>
	<ul style="list-style-type: none"> Self-File Audit - Staff ED Interview Board Interview

<p>needs of the agency. Any ED tasked with supervising Service Delivery Staff or performing the role Service Delivery Staff must have the requisite education and experience to fulfill these duties (e.g., minimum 2-year diploma in a related field and service delivery experience). Any gaps identified by the Board through the ED hiring process must be addressed through the provision of training (e.g., HR, Financial Management etc.) All requisite training must be satisfactorily completed within the first two years of hire.</p>	<p>REVIEW CYCLE: 4 YEARS</p>
<p>3. The agency employs one or more qualified staff who is responsible for all aspects of Service Delivery including volunteer management. (Such individuals shall hereafter be referred to as Service Delivery Staff).</p> <p>The minimum qualification requirement for Service Delivery Staff is the attainment of a two-year post-secondary diploma in a related field (e.g., education, social or human services, child and youth work, family studies, etc.).</p>	<ul style="list-style-type: none"> • Self-File Audit - Staff • Staff Survey • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>Note: Where a candidate for the ED position will be tasked with supervising Service Delivery Staff or performing the Service Delivery role and this candidate does not meet the minimum qualification requirements as specifically written for supervising Service Delivery staff or performing the Service Delivery role, the member agency Board may request a qualification equivalency assessment through process outlined in Note (2) below.</p> <p>Note: Where a candidate for a Service Delivery Staff position does not meet the minimum qualification requirement as specifically written, a member agency may request a qualification equivalency assessment. Such an assessment will consider the candidate's education, professional experience, life experience as well as the agency's ability to provide adequate support and supervision to the individual to be successful in the role. The outcome of the assessment will be shared with the member agency within two working days of receipt of the request. Those employees hired prior to July 2, 2001, and who met the National Standards in effect prior to that date, will be considered in compliance with the Standards.</p> <p>Note: One person can be hired for both the Executive Director and Service Delivery positions granted that they can perform all duties required to meet operational and programming expectations as well as comply with Standards.</p>	

Standard HR-9 (MS)

The agency has comprehensive policies and procedures in place that address post-secondary placement student involvement within the agency.

All indicators must be met (4/4)	Evidence of Compliance:
<p>1. Policies must address at a minimum that:</p> <ul style="list-style-type: none"> A. All students must complete a criminal record check. A vulnerable sector check is also required if the student will be meeting directly with participants in the program (exception would be for those under the age of majority where obtaining a record check is not possible); B. All relevant forms and documents must be completed by the student as per standard HR5; C. All students must be assigned and provided with regular supervision by a qualified staff member. Direct supervision may also be required during interviews should the individual not have the requisite education and experience; and D. Supervisors must sign off on all case note entries made by students performing service delivery functions. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p>
<p>2. All students must receive comprehensive orientation and training to be successful in the role which would include compliance with all relevant indicators in standard HR7.</p>	<ul style="list-style-type: none"> • Documentation (<i>copy of Student Orientation</i>) • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>3. The agency must be provided with a copy of any agreement with the educational institution outlining goals, expectations (if applicable).</p>	<ul style="list-style-type: none"> • Documentation (<i>if applicable, copy of MOU, learning contract</i>) <p>REVIEW CYCLE: 4 YEARS</p>
<p>4. All completed and related documentation must be kept within the student's file.</p>	<ul style="list-style-type: none"> • Self-File Audits - Student <p>REVIEW CYCLE: 4 YEARS</p>

Standard HR-10 (SFE)

The agency actively promotes a healthy work environment and job satisfaction.

2 of 3 Indicators must be met (2/3)	Evidence of Compliance:
1. The agency has created mechanisms to solicit feedback from employees in this area and acts on recommendations.	<ul style="list-style-type: none"> Staff Survey Staff Interviews REVIEW CYCLE: 4 YEARS
2. The agency allocates resources to promoting mental health amongst its employees.	<ul style="list-style-type: none"> Staff Survey Staff Interviews REVIEW CYCLE: 4 YEARS
3. The agency has articulated plans and strategies to promote work-life balance and employee wellness.	<ul style="list-style-type: none"> Staff Survey Staff Interviews REVIEW CYCLE: 4 YEARS

Component: Financial Management, Fund Development and Asset Management (FIN)

Standard FIN-1 (MS)

The agency has a comprehensive financial oversight process.

All indicators must be met (6/6)	Evidence of Compliance:
1. The Board reviews and approves an annual agency budget.	<ul style="list-style-type: none"> Documentation (Board Meeting Minutes, Board Approved Budget) Agency Info Survey REVIEW CYCLE: YEARLY
2. The Board monitors the agency's performance on a quarterly basis, in relation to the annual budget.	<ul style="list-style-type: none"> Documentation (Board Meeting Minutes, Board Approved Budget) Agency Info Survey REVIEW CYCLE: YEARLY
3. The agency must complete annual financial statements that are approved by the Board within 6 months of the agency's year end.	<ul style="list-style-type: none"> Documentation (Financial Statements) REVIEW CYCLE: YEARLY
4. The Board or Board committee reviews the agencies' revenue and expenditures against the annual budget, quarterly.	<ul style="list-style-type: none"> Documentation (Board Meeting Minutes, Board Approved Budget) Board Interview REVIEW CYCLE: 4 YEARS
5. Agencies with over \$1 million in annual revenue must have their financial statements audited by an independent	<ul style="list-style-type: none"> Website Financial Reports

licensed public accountant. All other agencies must complete, at minimum, a review engagement unless other governing legislations require a full audit. Once completed, financial reports must be posted on website.	REVIEW CYCLE: YEARLY
6. Agencies with investable assets over \$100,000 must have an investment policy approved by the Board. This policy must address: <ul style="list-style-type: none"> A. Asset Allocation; B. Procedures for Investment; and C. Asset Protection Issues. 	<ul style="list-style-type: none"> • Documentation (<i>Investment Policy</i>) REVIEW CYCLE: 4 YEARS See Example - Investment Policy

Standard FIN-2 (MS)

The agency has written policies and procedures for generally accepted accounting principles.

All indicators must be met (2/2)	Evidence of Compliance:
1. The agency has financial management policies and procedures that address: <ul style="list-style-type: none"> A. Signing Authorities; B. Petty Cash; C. Payroll; D. Unbudgeted Expenses; E. Reserve Funds; F. Agency Credit Card; G. Approval and Remittance of Expenses; H. Limits on Expenditures, Including when Board or Director Signature is Required; I. Purchase of Goods and Services; J. Accounts Receivable; K. Accounts Payable; and L. Retention of Financial Records. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS See Example - Finance Policy
2. The Board reviews and approves financial management policies and procedures, at minimum every 4 years.	<ul style="list-style-type: none"> • Documentation (<i>Board Meeting Minutes, Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS

Standard FIN-3 (MS)

The agency has adequate oversight mechanisms in place to oversee fundraising and sponsorships.

All indicators must be met (6/6)	Evidence of Compliance:
<p>1. Written policies and procedures address at a minimum:</p> <ul style="list-style-type: none"> A. A gift acceptance, including any restrictions on sources from which donations or sponsorships will be accepted; B. The treatment of restricted or designated gifts; C. Naming and endowment policies; and D. Handling of donor and sponsor information and preferences for anonymity, recognition and limits on frequency and means of contact. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Finance Policy</p>
<p>2. All fundraising materials must include the agency's contact information (e.g., email, website, agency address, etc.)</p>	<ul style="list-style-type: none"> • Documentation (<i>Samples of fundraising materials</i>) <p>REVIEW CYCLE: 4 YEARS</p>
<p>3. Agencies that do face-to-face fundraising such as soliciting door-to-door, street-side fundraising, workplace campaigns, etc. must:</p> <ul style="list-style-type: none"> A. Ensure the person representing the agency has identification to show affiliation to the agency; and B. Ensure confidential information is safeguarded, including credit card information provided by donors. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>4. The Board will review the cost-effectiveness of the agency's fundraising activities, ensuring that no more will be spent on administration and fundraising than is required for effective management and resource development.</p>	<ul style="list-style-type: none"> • Board Interviews <p>REVIEW CYCLE: 4 YEARS</p>
<p>5. The agency has a policy addressing Fund Development ethics. The policy must include statements related to all the items listed in the Fundraising Ethics document.</p>	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Finance Policy</p>
<p>6. Official Tax receipts are issued for monetary and in-kind gifts and are in</p>	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>)

compliance with all regulatory requirements.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS
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Standard FIN-4 (MS)

The agency has procedures in place to protect donor lists.

All indicators must be met (1/1)	Evidence of Compliance:
<ol style="list-style-type: none"> The agency has written policies and procedures that address: <ol style="list-style-type: none"> The agency will not sell donors lists; The agency must honour donors' requests to be excluded from lists; The agency must ensure donors requests remain anonymous; and The agency will abide by the Canadian Marketing Association Code of Ethics and Standards of Practice if and when donor lists are rented or otherwise shared. 	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS See Example - Finance Policy

Standard FIN-5 (SFE)

The agency accurately tracks and updates its minor assets.

All indicators must be met (2/2)	Evidence of Compliance:
<ol style="list-style-type: none"> The agency has an up-to-date inventory list of all computers, equipment (photocopiers), devices, office furniture, etc. 	<ul style="list-style-type: none"> Documentation (<i>Asset List</i>) REVIEW CYCLE: 4 YEARS
<ol style="list-style-type: none"> The agency has a written schedule in place for updates, inspection, testing etc. of all assets. 	<ul style="list-style-type: none"> Documentation (<i>Asset List/Schedule</i>) REVIEW CYCLE: 4 YEARS

Component: Marketing (MK)

Standard MK-1 (MS)

The agency has a comprehensive marketing plan.

All indicators must be met (3/3)	Evidence of Compliance:
<ol style="list-style-type: none"> The agency has an articulated marketing plan that includes: <ol style="list-style-type: none"> Internal and external volunteer recruitment strategies that reach out to and involve a diverse volunteer base; Clear and measurable goals and objectives for promoting agency mentoring programs and services; and Stakeholders are identified and strategy for regular and effective communication and consultation with them about the agency's achievements and work is outlined. 	<ul style="list-style-type: none"> Documentation (<i>Marketing Plan</i>) REVIEW CYCLE: 4 YEARS
<ol style="list-style-type: none"> The plan is reviewed at least every 2 years, and input is sought from relevant stakeholders in its design (e.g., staff, Board, partners, volunteers, program participants). 	<ul style="list-style-type: none"> Documentation (<i>Marketing Plan, Meeting Minutes, Reports</i>) REVIEW CYCLE: 4 YEARS
<ol style="list-style-type: none"> The plan is shared with relevant stakeholders. 	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS

Component: Communications (COM)

Standard COM-1 (MS)

The agency has a crisis management plan that aligns with the BBBSC crisis management and response plan.

All indicators must be met (1/1)	Evidence of Compliance:
<ol style="list-style-type: none"> The agency has an articulated plan or policies and procedures that address: <ol style="list-style-type: none"> Directives for communications when handling a crisis that may impact that agency or federation; Identifying spokesperson(s) for the agency; Procedures for responding to media and the public; 	<ul style="list-style-type: none"> Documentation (<i>Crisis Management Plan, Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS <p>See Appendix B - Crisis Management Plan</p>

<p>D. Guidelines that Staff, Volunteers and Board members are to follow when representing the agency or BBBSC;</p> <p>E. Clear guidelines on when the National Office needs to be informed and consulted regarding the crisis; and</p> <p>F. Post-mortem report/procedures to examine the crisis and actions taken/not taken once it has passed (recommendations, analysis, etc.).</p>	
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Standard COM-2 (MS)

The agency has the required documentation, policies and procedures documented on their website as per CRA (Canada Revenue Agency) requirements, provincial and federal legislation.

All indicators must be met (3/3)	Evidence of Compliance:
<p>1. The following documents, policies and procedures and information are available on the agency website:</p> <p>A. Names and positions of all Board Members;</p> <p>B. Registration number (BN) assigned by the CRA;</p> <p>C. Most recent three years of financial statements, including notes as approved by the Board of Directors and the opinion of the independent licensed public accountant who conducted the audit or review engagement;</p> <p>D. Most recent three years of annual reports;</p> <p>E. The public portion of the agencies most recent Registered Charity Information Return (form T3010) as submitted to CRA or a direct link to it;</p> <p>F. Contact information for the Agency; and</p>	<ul style="list-style-type: none"> Website <p>REVIEW CYCLE: YEARLY</p>

G. Privacy policy and contact information for a Privacy Officer (where applicable).	
<p>2. The agency must have a written complaints policy which is posted on their website. This policy must address:</p> <ul style="list-style-type: none"> A. The process to submit a complaint; B. Response procedures that include timelines for replying to external complaints; C. A process in which Board Members are informed annually of the number, type and nature of the complaints; and D. Timelines for when complaints that may pose reputational risk must be brought to the Board. 	<ul style="list-style-type: none"> • Website REVIEW CYCLE: YEARLY • Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS <p>See Example - Complaints Policy</p>
3. The agency website must also disclose details of the purpose and amount of payments for products or services to Board members or companies in which a Board member is an owner, partner or senior staff.	<ul style="list-style-type: none"> • Website REVIEW CYCLE: YEARLY

Component: Facilities (FAC)

Standard FAC-1 (MS)

The agency maintains a location/office space that is accessible, safe, and meets the needs of the organization and the community served.

All indicators must be met (4/4)	Evidence of Compliance:
1. The organization maintains a location/office that is external to a Staff member's or Board member's personal dwelling.	<ul style="list-style-type: none"> • Website • Agency Info Survey REVIEW CYCLE: YEARLY • Interviews REVIEW CYCLE: 4 YEARS
2. The agency maintains a safe facility and accessible services.	<ul style="list-style-type: none"> • Staff Interviews • Pictures REVIEW CYCLE: 4 YEARS

3. The agency space is welcoming to youth and the diverse communities served.	<ul style="list-style-type: none"> Staff Interviews Pictures REVIEW CYCLE: 4 YEARS
4. The agency has space for conducting private interviews in a confidential and comfortable setting.	<ul style="list-style-type: none"> Staff Interviews Pictures REVIEW CYCLE: 4 YEARS
Note: The National Office is to be informed of any planned change of address or planned closure of location.	

Component: Risk Management (RM)

Standard RM-1 (MS)

The agency must hold adequate insurance to cover its operations, locations and Directors.

All indicators must be met (3/3)	Evidence of Compliance:
1. The agency has a process to review its insurance coverage annually. A summary report is reviewed and approved annually by the Board.	<ul style="list-style-type: none"> Documentation (Board Meeting Minutes) REVIEW CYCLE: 4 YEARS
2. Insurance policies are required to be kept indefinitely. The agency has an established practice for accurate and secure storage and retrieval of insurance policies.	<ul style="list-style-type: none"> Documentation (Policies and Procedures) REVIEW CYCLE: 4 YEARS See Example - Records Management Policy
3. As per National Bylaws, agencies must participate in the National Insurance Program.	<ul style="list-style-type: none"> Confirmation of Documentation Completion by Insurance Provider REVIEW CYCLE: YEARLY

Standard RM-2 (MS)

The agency has a comprehensive risk management plan.

All indicators must be met (4/4)	Evidence of Compliance:
1. The risk management plan is created by relevant staff (inc. ED/CEO) with Board review.	<ul style="list-style-type: none"> Documentation (Meeting Minutes, Reports) REVIEW CYCLE: 4 YEARS
2. The risk management plan covers at minimum the following categories: <ul style="list-style-type: none"> A. Programs; B. Human resources; C. Financial; 	<ul style="list-style-type: none"> Documentation (Risk Management Plan) REVIEW CYCLE: 4 YEARS See Example - Risk Management Plan

D. Liability; and E. Information Management.	
3. The process to create the plan identifies strategic and operational risks, and includes steps, actions and/or procedures to minimize or mitigate those risks.	<ul style="list-style-type: none"> Documentation (<i>Risk Management Plan</i>) Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>
4. The plans are reviewed annually by the Board of Directors.	<ul style="list-style-type: none"> Documentation (<i>Risk Management Plan</i>) Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>

Standard RM-3 (MS)

The agency meets the workplace health and safety requirements in its province of operation.

All indicators must be met (2/2)	Evidence of Compliance:
1. The agency has mechanisms in place to ensure it is up to date and in accordance with workplace health and safety legislation in its province of operation.	<ul style="list-style-type: none"> Documentation (<i>Evidence of review of legislation and compliance</i>) Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>
2. The agency has written health and safety policies and procedures that address: <ul style="list-style-type: none"> A. Working alone; B. Staff cannot perform duties they deem unsafe; C. Maintaining a safe workplace; D. Requirements for OHS representatives or committee (mandated by provincial workplace safety legislation) including role, necessary certifications, size, and composition; E. Requirements for workplace inspections (mandated by provincial workplace safety legislation); and F. Dealing with emergencies (e.g., medical, fire). 	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Health and Safety Policy</p>

Standard RM-4 (MS)

The agency documents and tracks critical incidents and addresses trends and issues to mitigate any future risk.

All indicators must be met (3/3)	Evidence of Compliance:
1. The agency has policies and procedures in place for defining, reporting, tracking, responding, and monitoring critical incidents.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS See Example - Critical Incident Policy
2. Incident reports are reviewed, and trends are tracked and there is evidence that changes are made based on the results, when necessary.	<ul style="list-style-type: none"> Documentation (<i>Reports, Meeting Minutes, Incident Report Template</i>) Interviews REVIEW CYCLE: 4 YEARS
3. The Board receives and reviews reports regarding incidents at the agency at minimum annually.	<ul style="list-style-type: none"> Documentation (<i>Board meeting Minutes, Reports</i>) REVIEW CYCLE: 4 YEARS

Standard RM-5 (MS)

The agency has systems in place to handle reports of unsafe and inappropriate behaviour and disclosures of abuse.

All indicators must be met (4/4)	Evidence of Compliance:
1. The agency has a current copy of Child Welfare legislation applicable to the province in which they operate on file and accessible to staff.	<ul style="list-style-type: none"> Documentation (<i>Copy of Legislation</i>) Staff Interviews REVIEW CYCLE: 4 YEARS
2. The agency has written policies and procedures that address: <ul style="list-style-type: none"> A. When an allegation of abuse regarding a volunteer is received, the match is suspended and all adult parties to the match are notified by registered letter. The match is not resumed until the situation is clarified and appropriate intervention has taken place; B. Where there is a documented report of abuse, a duplicate copy of related case records is made and stored by the agency; and C. The confidential Allegation of Abuse form is forwarded to BBBSC within three days of the agency staff's learning of the alleged abuse. 	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS See Appendix C - Allegation of Abuse Reporting Form

3. All allegations of abuse, current or historical, are reported in compliance with provincial legislation.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Staff Interviews REVIEW CYCLE: 4 YEARS
4. The agency has clear policies and procedures regarding duty to report. This includes the role of Staff, Board members, Mentors and Parents/Caregivers in handling reports of unsafe and inappropriate behaviour, including allegations of abuse, toward children including details addressing agency disciplinary action in the case of a failure to report.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Staff Interviews REVIEW CYCLE: 4 YEARS

Component: Documentation, Records Keeping and Information Management (DOC)

Standard DOC-1 (MS)

All agencies will use the Service Delivery Platform (SDP) in accordance with the "Service Delivery Platform" document. **See Appendix D.** (Note: Agencies approved to use an alternate database will need to provide a plan as to how they will provide BBBSC with the requisite information for monitoring compliance of Standards).

All indicators must be met (3/3)	Evidence of Compliance:
1. All agencies will enter data into the required fields as outlined in Appendix D.	<ul style="list-style-type: none"> SDP Reports REVIEW CYCLE-YEARLY
2. Agencies will monitor usage and remedy any errors in a timely manner.	<ul style="list-style-type: none"> SDP Reports Staff Interviews REVIEW CYCLE: 4 YEARS
3. All new staff will be trained on the usage of the Service Delivery Platform (SDP).	<ul style="list-style-type: none"> Documentation (<i>Orientation Plan, Proof of Training Completion</i>) Interviews REVIEW CYCLE: 4 YEARS
Note: Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP].	

Standard DOC-2 (MS)

The agency protects personal information of which it is the custodian.

All indicators must be met (1/1)	Evidence of Compliance:
<p>1. Written policies and procedures meet minimum requirements for all federal and provincial legislation within which the agency operates in relation to the collection, use, disclosure, access, and destruction of personal information. These policies address:</p> <ul style="list-style-type: none"> A. Obtaining informed consent for the collection, use and disclosure of personal information, except where permitted or required by law; B. How information will be used; C. Where and how long personal information will be stored; D. How personal information will be destroyed; E. The withdrawal of consent; F. Limiting use of personal information to the purposes for which the information was provided; G. Preventing unauthorized access to personal information held by the organization; H. Responding to police and other authorized requests for personal information; I. Notifying persons served in the case of theft, loss, or unauthorized use or release of their personal information; J. Permitting persons to access their personal information; and K. Appointing a privacy officer (if applicable). 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Privacy and Confidentiality Policy</p>

Standard DOC-3 (MS)

The agency has adequate systems in place to secure, store and maintain files.

All indicators must be met (1/1)	Evidence of Compliance:
<p>1. The agency has written policies and procedures that address:</p> <ul style="list-style-type: none"> A. Records and file maintenance; 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p>

<ul style="list-style-type: none"> B. Security of files; C. Environmental controls (if applicable); D. Destruction of files (incl. Designation of authority to classify and destroy documents); Records management; E. Records management; F. Overall minimum standards for storage and long-term storage; G. Access to records; H. Labelling, coding, and organization of records (if applicable); I. Media type(s); J. Breach procedures (e.g., reporting minimums, timelines, information captured); K. Reporting procedures (e.g., local staff and users), external (e.g., provincial authorities); and L. Retention Schedule (all corporate file types, including inactive files client and volunteer files to be kept for 75 years.) 	<p>See Example - Records Management Policy</p>
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Standard DOC-4 (MS)

The agency regularly performs file audits of client and volunteer files and uses the information obtained to improve their processes and operations.

All indicators must be met (3/3)	Evidence of Compliance:
<ol style="list-style-type: none"> 1. The agency has written policies and procedures that address the file review/audit process and address at minimum: <ul style="list-style-type: none"> A. Timing of the reviews; B. Person(s) responsible for conducting reviews (Note: one person agencies must include elements that ensure file audits are being conducted in a way that ensures reliability and accountability while respecting the 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Records Management Policy</p> <p>See Appendix E - Client and Volunteer File Audit Instructions</p>

<p>confidentiality of the contents of the files);</p> <p>C. Process for selecting files to be reviewed to ensure compliance with Standards; and</p> <p>D. Documentation and communication of findings (inc. sharing of findings with Staff and Board, where applicable).</p>	
<p>2. The agency performs reviews of a representative selection of client and volunteer files at minimum twice a year to ensure compliance with standards and internal policies and procedures.</p>	<ul style="list-style-type: none"> Documentation (<i>Policy and Procedures</i>) REVIEW CYCLE: 4 YEARS Self-File Audits-Client REVIEW CYCLE: YEARLY <p>See Appendix E - Client and Volunteer File Audit Instructions</p>
<p>3. Results of the reviews/audits are used to improve processes, quality of programming and staff performance.</p>	<ul style="list-style-type: none"> Documentation (<i>Meeting Minutes, Reports</i>) Staff Interviews REVIEW CYCLE: 4 YEARS

Standard DOC-5 (MS)

Agencies that opt to digitize their files have the structure and mechanisms in place to ensure the integrity of files has been maintained throughout the process of conversion. (*Only applicable to agencies that are digitizing their paper files.*)

All indicators must be met (2/2)	Evidence of Compliance:
<p>1. The agency has written policies and procedures that outline:</p> <p>A. Designation of authority to classify, assign access and destroy documents;</p> <p>B. Process for digitization, organization, storage, and destruction of original files; and</p> <p>C. Digitization standards which include long-term storage and accepted file formats (all media) and digitization criteria (e.g., 300 DPI).</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS <p>See Example - File Digitization Policy</p>
<p>2. The Board of Directors approves the digitization policies and procedures.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures, Board Meeting Minutes</i>) REVIEW CYCLE: 4 YEARS

Standard DOC-6 (MS)

Agencies that execute documents via electronic signature have the structure and mechanisms in place to ensure the integrity of the signature is maintained throughout the lifecycle of the document. *Note: This standard only applies to agencies that execute documents electronically.*

All indicators must be met (1/1)	Evidence of Compliance:
<ol style="list-style-type: none"> The agency has written policies and procedures that address: <ol style="list-style-type: none"> Accepted process for executing documents that align with requirements outlined in Appendix F; The transmission and storage of documents that ensures that a signature could not be destroyed or altered; and Any limitations of documents that can be executed electronically. 	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS <p>See Appendix F - Electronic Signature Requirements</p>
<p>Note: All documents may be received electronically or converted to digital files if Standards are followed. The only exception will be criminal record and vulnerable sector checks where the original record may need to be reviewed by staff of the agency. Please see National Standards related to criminal record checks and vulnerable sector checks for requirements.</p>	

Program Delivery Standards (PD)

Component: Program Essentials (PES)

Standard PES-1 (MS)

The agency offers programs that align with the National Theory of Change, Mission, and Vision of BBBSC.

All indicators must be met (3/3)	Evidence of Compliance:
<ol style="list-style-type: none"> The agency has a process in place to ensure programs comply with Standards and align with the National Theory of Change, Mission, and Vision. 	<ul style="list-style-type: none"> Agency Info Survey REVIEW CYCLE: YEARLY Documentation (<i>Policies and Procedures, Program Descriptions</i>) REVIEW CYCLE: 4 YEARS
<ol style="list-style-type: none"> Standard Substitutions/Exemptions are requested for elements of programming 	<p>See Appendix G - Standard Exemption Form</p>

that may not meet Standards. These Substitution/Exemption requests must be approved prior to the delivery of programming.	Must submit form, as needed, prior to the delivery of programming.
3. A Program Endorsement Form is completed, submitted, and reviewed for all programs that do not fit the criteria outlined in our Measuring Reach document, which defines BBBSC mentoring as, "the intentional formation of a Developmental Relationship* between a professionally screened and trained mentor and a mentee, which is consistently monitored and supported to result in intended impacted and primary outcomes." (*Search Institute). This will ensure issues and concerns related to insurance, brand, reputation and reporting are considered and incorporated into the program planning and implementation.	See Appendix H - Program Endorsement Form Must submit form, as needed, prior to the delivery of programming.

Standard PES-2 (MS)

The agency evaluates the impact of its programs and services and results of the evaluations are used to inform improvements.

All indicators must be met (3/3)	Evidence of Compliance:
1. The agency evaluates the impact of its programs and services.	<ul style="list-style-type: none"> Documentation (Program Evaluations, Reports, Copies of Surveys) REVIEW CYCLE : 4 YEARS
2. The agency communicates the results of its evaluations to relevant stakeholders.	<ul style="list-style-type: none"> Documentation (Evaluation Reports, Annual Reports) Staff Interviews REVIEW CYCLE: 4 YEARS
3. The agency uses the findings from evaluations to inform programming improvements.	<ul style="list-style-type: none"> Documentation (Meeting Minutes) Staff Interviews REVIEW CYCLE: 4 YEARS

Standard PES-3 (MS)

The agency has current comprehensive child safety policies that ensure the highest levels of child safety in agency programming.

All indicators must be met (4/4)	Evidence of Compliance:
1. The agency has written child safety policies specific to their programming that meet the legislative requirements of their province of operation.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS See Example - Child Safety Policy
2. The policies are reviewed at minimum every 4 years.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS
3. Staff are oriented to the policies as part of their orientation. This is tracked by the agency and kept in the employee file.	<ul style="list-style-type: none"> Documentation (<i>Staff Orientation Checklist</i>) Staff Interviews Self-File Audit - Staff REVIEW CYCLE: 4 YEARS
4. Substantive changes to these policies are communicated with relevant staff.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS

Standard PES-4 (MS)

Agencies delivering a site-based program have a signed Memorandum of Understanding with the participating organization(s) (e.g., BGC, School Board, etc.).

All indicators must be met (1/1)	Evidence of Compliance:
1. The following terms are addressed in all Memorandums of Understanding: <ol style="list-style-type: none"> Responsibilities for monitoring the match; Access to organizational personnel on-site who can provide assistance; Access to individuals at the agency who can provide assistance; Match activities take place on the property of the organization; The agency has a written policy addressing match attendance at agency-sponsored events and events sponsored by the partner organization; 	<ul style="list-style-type: none"> Documentation (<i>Copies of Memorandum of Understanding</i>) REVIEW CYCLE: 4 YEARS See Example - Memorandum of Understanding

<p>F. The agency has a written policy addressing whether the mentor may provide transportation to the mentee to off-site events. Attention is paid to safety and risk management;</p> <p>G. The agency has a policy that addresses contact outside of the parameters of the program which considers the risks associated with the various types of contact (in-person, email, phone, letter, etc.) and the location of that contact. Note: In-person contact during the summer for In-School Mentoring is not allowed if not supervised and covered in the program description and agreements;</p> <p>H. The responsibilities of each Partner in the event of match closure, including a requirement for each party to notify the other of changes in match status; and</p> <p>I. Responsibilities and rights regarding external communications especially related to the media.</p>	
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Standard PES-5 (MS)

Agencies provide guidelines for mentors, mentees, and parents/guardians, (and partner agencies where relevant) regarding prohibited and higher risk activities.

All indicators must be met (1/1)	Evidence of Compliance:
<p>1. The agency has a process in place to ensure that during intake, training, and match supervision, and before rematching, all mentors, mentees, and parents/guardians (and partner agencies where relevant) are informed of:</p> <p>A. prohibited activities (including overnight visits), and</p> <p>B. risks related to higher risk activities.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures or Program Descriptions</i>) <p>REVIEW CYCLE: YEARLY</p> <p>See Appendix Y – Prohibited and Higher Risk Activities</p>
<p>Note: Overnight visits are no longer allowed as part of BBBSC programming. Agencies may no longer approve of these visits.</p>	

Component: Intake-Child, Youth and Family (ITC)

Standard ITC-1 (MS)

Children/Youth meet the agency's eligibility criteria.

All indicators must be met (3/3)	Evidence of Compliance:
1. The agency has written eligibility criteria for children/youth involvement in the agency's programs that are consistent with the National Theory of Change, Mission, and Vision. The policies must: <ul style="list-style-type: none"> A. Comply with all applicable laws; B. Address the age of child/youth (e.g., the child/youth is between 5 and 18 years of; and C. Address familial relationships and any special considerations (e.g., the child/youth is not a child or stepchild of the agency's paid staff or mentor volunteer). 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS <p>See Example - Eligibility Criteria</p>
2. Processes are in place to assess children's eligibility.	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) • Staff interviews REVIEW CYCLE: 4 YEARS
3. The agency has processes in place to refer applicants that do not meet eligibility criteria to external resources, if available.	<ul style="list-style-type: none"> • Staff interviews REVIEW CYCLE: 4 YEARS

Standard ITC-2 (MS)

The agency's intake process ensures required documentation from children/families is signed and collected prior to matches or groups beginning.

All indicators must be met (2/2)	Evidence of Compliance:
1. The agency has written policies and procedures that outline required documentation to be completed prior to intake. Documentation includes: <ul style="list-style-type: none"> A. Application signed and dated by the parent/guardian. Where this is not possible due to age and/or situation of child/youth (e.g., youth in care/custody or over the age of majority) the agency has processes 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE : 4 YEARS <p>See Appendix I - Mentee Application See Appendix J - Informed Consent</p>

<p>in place to ensure appropriate permissions are in place (Note: application form not required for group-based mentoring but may be required by local agency for specific group programming);</p> <p>B. Informed consents that are consistent with written legislation and actual, operational practices (e.g., storage locations, usage); and</p> <p>C. Media consent.</p>	
<p>2. Agency practices are consistent with policies and procedures.</p>	<ul style="list-style-type: none"> Interviews REVIEW CYCLE: 4 YEARS Self-File Audit - Client REVIEW CYCLE: TWICE ANNUALLY

Standard ITC-3 (MS)

Interview(s) are conducted in person with the child and parent/guardian prior to matching. *Not required for site-based matches or group programming but parents must be given the opportunity to provide information about the social, educational, behavioral and developmental needs of the child. In some circumstances due to age of majority or the situation of the child (e.g., youth in care or custody), a parent/guardian interview may not be required. However, the legal guardian must be included in the process where applicable in accordance provincial legislation and requirements. Local agencies may decide to conduct the child and parent/guardian interview individually or together based on individual circumstances of the family and child.*

All indicators must be met (2/2)	Evidence of Compliance:
<p>1. The agency has written policy and procedures outlining the interview process which includes the requirement for elements of the initial interview to happen in person.</p>	<ul style="list-style-type: none"> Documentation (Policies and Procedures) REVIEW CYCLE : 4 YEARS <p>See Appendix J – Reference Checks</p>
<p>2. Required elements are covered in the interview.</p>	<p>See Appendix K - Family Interview</p>
<p>Note: Virtual meetings, interviews and check-ins are allowed in some circumstances in this version of National Standards. However, elements of the initial child/family interview must be conducted in person. Agencies may create policies and procedures which reflect barriers to access that may be present for youth and families in their community that could necessitate an exception to this requirement. This must be an exception to normal processes and communicated as such.</p>	

Standard ITC-4 (MS)

An assessment of the child's needs and strengths is conducted prior to matching. This is required for all community-based 1:1 programming.

All indicators must be met (1/1)	Evidence of Compliance:
1. The agency has written policy and procedures outlining the assessment process including the required forms and timing of the assessment.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE : 4 YEARS See Appendix K - Family Interview

Standard ITC-5 (SFE)

The agency utilizes the needs registry assessment (NR) and/or the developmental relationship framework (DR) to inform program delivery. *(Not required for site-based matches or groups, however, parents must be given the opportunity to provide information about the social, educational, behavioral, and developmental needs of the child).*

All indicators must be met (2/2)	Evidence of Compliance:
1. Written policies and procedures address at a minimum: <ul style="list-style-type: none"> A. Process and timing of needs registry and/or developmental relationship framework; B. Required tools; and C. Tracking. 	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE : 4 YEARS See Example - Needs Registry Documents
2. The agency utilizes data from the NR and/or DR to inform matches and program delivery.	<ul style="list-style-type: none"> SDP Reports REVIEW CYCLE: YEARLY <ul style="list-style-type: none"> Interviews REVIEW CYCLE: 4 YEARS
Note: Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP] for all new cases and new documentation related to active cases. Agencies authorized to use another database must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards.	

Standard ITC-6 (MS)

The agency will create and maintain a comprehensive file for each program participant.

All indicators must be met (2/2)	Evidence of Compliance:
1. There are written policies and procedures that outline required file contents including (where applicable) application,	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE : 4 YEARS

interview assessments, correspondence, signed forms, written assessments from professionals, case notes, match monitoring notes and other relevant documents.	
2. Policies also reflect the retention schedule of documents (75 years for client files) and what can be removed/destroyed from the file if/when the information is no longer necessary.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS
<p>Note: Files are required for children/youth involved in all mentoring programs. The files must contain the documentation that applies to the program. Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP] for all new cases and new documentation related to active cases. (Note: Agencies approved to use an alternate database will need to provide a plan as to how they will provide BBBSC with the requisite information for monitoring compliance of Standards).</p> <p>Note: In many site-based mentoring programs, the partner organization maintains and manages the child's/youth's file. It is the partner organization's responsibility to retain a signed informed consent from the parent/guardian. If the agency is going to deliver all or part of the Pre-Match training to the child/youth, then the school is responsible for notifying the parent/guardian of that arrangement and for obtaining consent. If this arrangement does not exist in your site-based mentoring program, then your Memorandum of Understanding needs to clarify your particular arrangement.</p> <p>Note: The agency can keep group files for children/youth involved in group programs as long as a mechanism is in place to note individual exceptionalities and areas of concerns related to individual participants, where this information would be important to ensure service continuity for the child/youth or function of the agency.</p>	

Standard ITC-7 (MS)

Applicants to the agency's programs are informed of their application status and supported (within reason) throughout the process. (Not required for site-based matches or groups)

All indicators must be met (2/2)	Evidence of Compliance:
1. The parent/guardian and/ or youth (if applicable) is notified of their acceptance/rejection into the program. (Note: notice of rejection must be in writing, however, notice of acceptance can be either by letter, email, in person, by phone or virtually. Notification must be documented and recorded in case notes	<ul style="list-style-type: none"> Self File Audit-Client REVIEW CYCLE : 4 YEARS <p>See Example - Acceptance and Rejection Letters</p>

(including how notification was made, e.g., by phone or in person)).	
2. Applicants on extensive waitlists for services or those that are not accepted for service or programming are provided with alternate resources or referrals (where appropriate).	<ul style="list-style-type: none"> Documentation (<i>Alternate Programming Descriptions, Resource Lists</i>) Staff Interviews REVIEW CYCLE: 4 YEARS

Standard ITC-8 (SFE)

The agency monitors waitlists for programs and utilizes this information in their operational planning.

2 of 3 indicators must be met (2/3)	Evidence of Compliance:
1. The agency has mechanisms in place to monitor wait times for programs and services.	<ul style="list-style-type: none"> Documentation (<i>Reports</i>) Interviews REVIEW CYCLE : 4 YEARS
2. The agency has made efforts to reduce wait times for programs.	<ul style="list-style-type: none"> Interviews REVIEW CYCLE: 4 YEARS
3. The agency ensures applicants on waitlists continue to be engaged with the agency and/or are offered interim supports while on waitlist.	<ul style="list-style-type: none"> Documentation (<i>Alternate Programming Descriptions, Resource Lists</i>) Interviews REVIEW CYCLE: 4 YEARS

Component: Intake-Volunteer (ITV)

Standard ITV-1 (MS)

Volunteers meet the agency's eligibility criteria.

All indicators must be met (3/3)	Evidence of Compliance:
1. The agency has written eligibility criteria for volunteer involvement in the agency's programs that are consistent with the National Theory of Change, Vision, and Mission. Eligibility criteria must address: <ul style="list-style-type: none"> A. Minimum age requirements (incl. age difference required between mentor and mentee for programs targeting older youth.) (Note: Where 	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE : 4 YEARS <p>See Example - Eligibility Criteria</p>

<p>the volunteer is younger than 18, the agency has a policy addressing the enrollment process that is consistent with relevant legislation and takes into consideration their local police department's capacity and ability to provide criminal record checks. In addition, supervision requirements must be considered for younger mentors);</p> <p>B. The applicant can make a commitment consistent with program requirements; and</p> <p>C. Where the applicant has lived in the community for less than six months, the agency has documented evidence that the applicant's life situation is stable enough to fulfill the minimum length of service required by the mentoring program.</p>	
<p>2. The agency has established eligibility criteria related to criminal history which includes a statement that persons who have been convicted of or have outstanding charges of a sexual assault will not be permitted to serve in any capacity with the agency, subject to compliance with applicable human rights legislation. The agency will consider the circumstances of individuals who believe they may qualify for an exemption pursuant to applicable human rights legislation on a case-by-case basis.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Example - Relevant Offence Guidelines</p>
<p>3. Processes are in place to assess volunteer eligibility.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>

Standard ITV-2 (MS)

All volunteer applicants must be entered and cross referenced in the volunteer registry.

All indicators must be met (2/2)

Evidence of Compliance:

<p>1. The agency has written policies and procedures outlining the process for cross referencing and entering applicants into the volunteer registry this includes:</p> <ul style="list-style-type: none"> A. Names and birthdates of all volunteer applicants are submitted to the Volunteer Registry; B. Volunteer applicants must be cross-referenced with the Volunteer Registry prior to acceptance; C. If the applicant has been identified as a volunteer in another BBBS (Big Brothers Big Sisters) agency, that agency must be contacted. Once a candidate has been identified as a volunteer in another BBBS agency, the agency must connect with the BBBS agency that has identified the individual as a volunteer. By this time the volunteer has signed a release to share information (The Volunteer Permission and Release Form) Documentation. Additionally, if no information is available from the agency that has identified the candidate as a volunteer, the agency requesting the information must document that they have made every effort to obtain the information and that they have mitigated risk in some other way, e.g., asking for an additional reference; and D. Date and result of the check is documented in the volunteer's file. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE : 4 YEARS <p>See Appendix M - Volunteer Registry Agency Information Sharing (VRAIS) Form</p>
<p>2. Practices are consistent with policies and procedures.</p>	<ul style="list-style-type: none"> • SDP Reports REVIEW CYCLE: YEARLY
<p>Notes:</p> <ul style="list-style-type: none"> • Should there be a cost associated with accessing a applicants file, the requesting agency must pay for the retrieval. • Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP] for all new cases and new documentation related to active cases. Agencies authorized to use another database must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards. 	

Standard ITV-3 (MS)

The agency's intake process ensures required documentation from volunteers is signed and collected prior to matches or groups beginning.

All indicators must be met (3/3)	Evidence of Compliance:
<p>1. The agency has written policies and procedures that outline required documentation is signed and collected. This includes:</p> <ul style="list-style-type: none"> A. An application form; B. Volunteer permission and release form; C. Successful criminal record check and vulnerable sector check completion are required prior to acceptance as a volunteer (exception would be for those under the age of majority where obtaining a record check is not possible). Volunteers are also required to submit an offence declaration form yearly and submit a new criminal record and vulnerable record check every 5 years. D. Confidentiality form; E. Media consent; F. Reference checks; G. Code of Conduct; H. Fitness to mentor; and I. Screening checklist (which ensures all elements of process have been completed). 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE : 4 YEARS</p> <p>See Appendix L - Offence Declaration See Appendix N- Mentor Application See Appendix O - Volunteer Permission and Release Form See Appendix P - Confidentiality Form See Appendix Q - Reference Checks See Appendix R - Volunteer Code of Conduct See Appendix S - Fitness to Mentor See Appendix T- Volunteer Screening Checklist</p>
<p>2. Agencies shall obtain at least three references for any mentor applicant as follows:</p> <ul style="list-style-type: none"> A. The applicant's significant other that has known the applicant for a minimum of two years or, if there is no significant other, from a family member; B. An employer or volunteer supervisor of an organization dealing with vulnerable populations or, if no such experience exists within the previous five years, from 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p> <p>See Appendix Q - Reference Checks</p>

<p>a relevant individual associated with the applicant's employment or educational experience; and</p> <p>C. A personal reference who has known the applicant for at least two years:</p> <ul style="list-style-type: none"> i. Agency staff must obtain information from each reference that allows for follow-up discussions, in person, by phone or otherwise; ii. All references must be reviewed and assessed by Service Delivery Staff; and iii. If the required combination of references cannot be obtained or if enough detail was not gathered, further action is taken to obtain the additional information needed to make a good decision. The reasons for obtaining additional information and the steps taken to gather that information are to be documented in the applicant's file. 	
<p>3. Agency practices are consistent with policies and procedures.</p>	<ul style="list-style-type: none"> • Staff Interviews • Self-File Audit - Volunteers <p>REVIEW CYCLE: 4 YEARS</p>
<p>Note: The original copy of police record check and vulnerable sector checks should be kept on file, if possible. Where it is not possible to retain the original on file, a copy with a statement indicating that the original has been reviewed, signed, and dated by a staff member is sufficient. If a local police department does not issue original physical copies of records checks, (e.g., only digital, or emailed copies) the agency must document in writing when this was confirmed with the local police department. In addition, the agency must take any measures available to confirm authenticity of the digital documents provided (e.g., virtual checks, having volunteer open email in presence of staff, consent to confirm authenticity of document with local police department, etc.)</p>	

Standard ITV-4 (MS)

An in-person interview is conducted with each volunteer applicant prior to matching or participating in programs.

All indicators must be met (3/3)

Evidence of Compliance:

1. The agency has policies and procedures that capture the requirements of the volunteer interview content and process.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Staff Interviews REVIEW CYCLE : 4 YEARS
	See Appendix U - Volunteer Interview and Reassessment
2. For volunteers in community-based programs, an assessment of the volunteer's home environment for the purposes of thoroughly assessing potential contact with others (e.g., residents, relatives, friends, etc.) and environmental safety issues (e.g., allergies, access to water (pools, ponds, lakes, etc.), animals, etc.), must be conducted. It would be considered best practice to conduct this assessment in person. If this is not possible due to agency capacity issues or geographical barriers, alternate means of assessment must be explored to meet this standard. (e.g., additional reference check questions, video tour of home etc.)	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Staff Interviews REVIEW CYCLE: 4 YEARS
	See Appendix U - Volunteer Interview and Reassessment
3. Practices are consistent with policies and procedures.	<ul style="list-style-type: none"> Staff Interviews Self-File Audit – Volunteers REVIEW CYCLE: 4 YEARS
<p>Note: Virtual meetings, interviews and check-ins are allowed in some circumstances in this version of National Standards. However, to mitigate risk and uphold the highest standards of child safety, elements of the volunteer interview must be conducted in person.</p>	

Standard ITV-5 (MS)

Volunteer applicants to the agency's programs are informed of their application status and engaged throughout the process.

All indicators must be met (2/2)	Evidence of Compliance:
1. The volunteer applicant is notified within a reasonable timeframe of acceptance/rejection into the program.	<ul style="list-style-type: none"> Self-File Audit - Volunteers REVIEW CYCLE : 4 YEARS
	See Example - Acceptance and Rejection Letters
2. The agency ensures applicants on waitlists continue to be engaged with the agency.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS

Standard ITV-6 (MS)

Volunteers are reassessed prior to matching or rematching them with a mentee.

All indicators must be met (4/4)	Evidence of Compliance:
<p>1. The agency has policies and procedures in place to ensure that a full reassessment is completed with the following volunteers:</p> <ul style="list-style-type: none"> A. all community-based volunteers prior to rematching them with a new mentee; B. all volunteers in all mentoring programs if it has been more than 5 years since their initial intake or since their last full reassessment, prior to rematching them with a new mentee; C. all volunteers, prior to matching or rematching them with a mentee, if it has been more than 1 year since: <ul style="list-style-type: none"> i. they have actively participated in a mentoring program with the agency; ii. they have been placed on hold or on a waitlist; or iii. their file has been closed. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) • Staff Interviews <p>REVIEW CYCLE : 4 YEARS</p> <p>See Appendix U - Volunteer Interview and Reassessment See Appendix Q - Reference Checks</p>
<p>2. The agency has policies and procedures in place to ensure that a full reassessment is completed, where required, by a qualified individual and includes all of the following:</p> <ul style="list-style-type: none"> A. A full summary of volunteer involvement; B. A reassessment interview; C. Additional reference check(s) if it has been more than 5 years since a previous reference check has been obtained; D. A new Criminal Record Check if it has been more than 5 years since a previous Criminal Record Check has been obtained; and E. An update of key messages from pre-match training, including safety messages. 	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p> <p>See Appendix U - Volunteer Interview and Reassessment See Appendix Q - Reference Checks</p>
<p>3. The agency has policies and procedures in place to ensure that a transition</p>	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>)

<p>reassessment is completed with all site-based volunteers:</p> <ul style="list-style-type: none"> A. prior to being rematched in a new school year; or B. prior to being rematched if it has been more than 3 months since their previous match/group. 	<ul style="list-style-type: none"> • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p> <p>See Appendix U - Volunteer Interview and Reassessment</p> <p>See Appendix Q - Reference Checks</p>
<p>4. The agency has policies and procedures in place to ensure the reassessment is documented prior to matching or rematching a volunteer with a mentee.</p>	<ul style="list-style-type: none"> • Documentation (<i>Policies and Procedures</i>) • Staff Interviews • Self-File Audit - Volunteer <p>REVIEW CYCLE: 4 YEARS</p>
<p>Note: For Community-Based matches that close prior to the planned closure date (e.g., due to the mentee moving away), the agency determines whether a full reassessment or a transition reassessment is required.</p>	

Component: Training (Children/Youth, Parent/Guardian and Volunteer) (TR)

Note: To be able to respond with comprehensive information should a claim of misconduct move forward, the agency may need to provide details of the training and orientation programs in which mentors and mentees participated. To that end, agencies need to keep a copy of related materials.

Standard TR-1 (MS)

Prior to participation in an agency mentoring program, the agency will provide BBBSC's pre-match training program to all children and youth participants.

All indicators must be met (5/5)	Evidence of Compliance:
<p>1. All children/youth participate in Strong from the Start (Pre-Match Training) prior to program participation. Note: training can be delivered in the format that meets agency and child/youth needs if all required elements are covered, and the needs, ability, level of comprehension, and background of the individual are being considered and met (e.g., virtually/in person, with their parent/guardian, over one session/several sessions).</p>	<ul style="list-style-type: none"> • Documentation (<i>Copy of Training Plan/Materials</i>) • Staff Interviews • Self-File Audit - Client <p>REVIEW CYCLE: 4 YEARS</p>
<p>2. The training is delivered/facilitated by qualified staff or designated agency</p>	<ul style="list-style-type: none"> • Staff Interviews <p>REVIEW CYCLE: 4 YEARS</p>

volunteers that have been trained to deliver the program.	
3. The completion of training is documented in the participant's file. Agencies may choose a method to track completion that meets their needs including a signed attestation of completion or a training checklist signed by staff.	<ul style="list-style-type: none"> Self-File Audit-Client REVIEW CYCLE: 4 YEARS
4. Processes are in place to ensure key concepts were understood and children/youth have the opportunity to ask questions. Quizzes or tests of material are not required.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS
5. The agency ensures key messages are reinforced throughout the enrollment and match support process.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS
<p>Note: Children and youth matched in a Site-Based Mentoring Program can participate in a pre-match training program delivered by the partner organization, provided that it encompasses the core topics and key messages of BBBSC's Pre-Match Training. The agency needs a copy, or at minimum, an outline of the partner organization's program. If the partner organization does not deliver all key messages, the agency has the responsibility to do so.</p>	

Standard TR-2 (MS)

Prior to participation in an agency mentoring program, the agency will provide BBBSC's pre match training program to all parents/guardians of youth in community-based matches.

All indicators must be met (5/5)	Evidence of Compliance:
1. All parents/guardians participate in Strong from the Start Training prior to program participation. Note: training can be delivered the format that meets the agency needs as long as all required elements are covered and the needs, ability, level of comprehension, and background of the individual are being considered and met (e.g., virtually/in person, with their child, over one session/several sessions).	<ul style="list-style-type: none"> Documentation (Copy Of Training Plan/Materials) Staff Interviews Self-File Audit - Client REVIEW CYCLE: 4 YEARS
2. The training is delivered/facilitated by qualified staff or designated agency volunteers that have been trained to deliver the program.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS
3. The completion of training is documented in the participant's file. Agencies may choose a method to track completion that	<ul style="list-style-type: none"> Self File Audit - Client REVIEW CYCLE: 4 YEARS

meets their needs including a signed attestation of completion or a training checklist signed by parent.	
4. Processes are in place to ensure key concepts were understood and parents/guardians have the opportunity to ask questions. Quizzes or tests of material are not required.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS
5. The agency ensures key messages are reinforced throughout the enrollment and match support process.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS

Standard TR-3 (MS)

Prior to participation in an agency mentoring program, the agency will provide BBBSC's pre-match training program to all volunteers.

All indicators must be met (5/5)	Evidence of Compliance:
1. All volunteers participate in Strong from the Start Training prior to acceptance as a volunteer. <i>Note: training can be delivered the format that meets the agency needs as long as all required elements are covered and the needs, ability, level of comprehension, and background of the individual are being considered and met (e.g., virtually/in person, over one session/several sessions)</i>	<ul style="list-style-type: none"> Documentation (<i>Copy of Training Plan/Materials</i>) Staff Interviews Self-File Audit - Volunteer REVIEW CYCLE: 4 YEARS
2. The training is delivered/facilitated by qualified staff or designated agency volunteers that have been trained to deliver the program.	<ul style="list-style-type: none"> Staff Interviews REVIEW CYCLE: 4 YEARS
3. The completion of training is documented in the participant's file. Agencies may choose a method to track completion that meets their needs including a signed attestation of completion or a training checklist signed by applicant volunteer.	<ul style="list-style-type: none"> Self-File Audit - Volunteer REVIEW CYCLE: 4 YEARS
4. Processes are in place to ensure key concepts were understood and volunteers have the opportunity to ask questions. Quizzes or tests of material are not required.	<ul style="list-style-type: none"> Staff Interviews Volunteer Interviews REVIEW CYCLE: 4 YEARS

5. The agency ensures key messages are reinforced throughout the enrollment and match support process.

- Staff Interviews
- Volunteer Interviews

REVIEW CYCLE: 4 YEARS

Note: For site-based programs, volunteers can participate in a pre-match training program delivered by the partner organization, provided that it encompasses the core topics and key messages of BBBSC's pre-match training. The agency needs a copy, or at minimum, an outline of the partner organization's program. If the partner organization does not deliver all key messages, the agency has the responsibility to do so.

Standard TR-4 (SFE)

In alignment with our National Theory of Change, the Developmental Relationship framework guides and informs programming and the Match Support process.

All indicators must be met (4/4)

Evidence of Compliance:

1. Volunteers participate in Developmental relationship training created by the search institute. (Note: training may be delivered in the format that meets the needs/capacity of your agency).

- SDP Reports - **YEARLY**
 - Staff Interviews
 - Volunteer Interviews
- REVIEW CYCLE : 4 YEARS**

See Example - Developmental Relationship Documents

2. The training is documented in the volunteer's file.

- Self-File Audit – Volunteer
- REVIEW CYCLE: 4 YEARS**

3. Processes are in place to ensure key concepts were understood and volunteer mentors have the opportunity to ask questions.

- Staff Interviews
 - Volunteer Interviews
- REVIEW CYCLE: 4 YEARS**

4. The agency ensures key messages are reinforced throughout the enrollment and match support process.

- Staff Interviews
 - Volunteer Interviews
- REVIEW CYCLE: 4 YEARS**

Note: Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP] for all new cases and new documentation related to active cases. Agencies authorized to use another database must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards.

Standard TR-5 (SFE)

The agency offers training to volunteers that respond to identified new/emerging needs.

All indicators must be met (2/2)

Evidence of Compliance:

1. The agency has mechanisms in place to solicit feedback from volunteers and participants related to training needs.	<ul style="list-style-type: none"> Documentation (<i>Volunteer Feedback Surveys</i>) Staff Interviews Volunteer Interviews REVIEW CYCLE : 4 YEARS
2. The agency offers continued training opportunities to meet identified needs.	<ul style="list-style-type: none"> Documentation (<i>Proof of Training Completion</i>) Staff Interviews Volunteer Interviews REVIEW CYCLE: 4 YEARS

Component: Match Support (SUP)

Standard SUP-1 (MS)

The agency ensures that the individual strengths and needs of match participants are considered, captured, and reflected in the matching process to promote the suitability and success of the match. **This standard is required for both Community and Site Based 1:1 matches.**

All indicators must be met (2/2)	Evidence of Compliance:
1. The agency has a process in place to match children/youth with suitable volunteers.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Staff Interviews REVIEW CYCLE : 4 YEARS
2. The agency documents all relevant information concerning rationale and/or reason for the establishment of matches (e.g., similar interests, shared background, volunteer's experience handling child's adversities) to promote the success of the match and the continuity of service.	<ul style="list-style-type: none"> SDP Reports REVIEW CYCLE: YEARLY Self-File Audit - Client REVIEW CYCLE: 4 YEARS

Note: Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP] for all new cases and new documentation related to active cases. Agencies authorized to use another database must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards.

Standard SUP-2 (MS)

A match introductory meeting includes all relevant parties. **The standard is required for both Community and Site Based 1:1 matches.**

All indicators must be met (1/1)	Evidence of Compliance:
<p>1. The agency has policies and procedures that capture the requirements for introductory meetings for all programs.</p> <p>For community-based 1:1 matches, policies and procedures must reflect that the child, parent/guardian, volunteer(s) and Service Delivery staff must be present at the in person introductory meeting.</p> <p>For Site Based 1:1 matches, policies and procedures must reflect that the child, volunteer and service delivery staff must be present and parent/guardian and school/partnering agency staff where possible.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Staff Interviews <p>REVIEW CYCLE : 4 YEARS</p>
<p>Note: Virtual meetings, interviews and check-ins are allowed in some circumstances in this version of National Standards. However, to mitigate risk and uphold the highest standards of child safety, the introductory meeting must be conducted in person for all matches. In person meetings are not required if the match will remain exclusively virtual.</p>	

Standard SUP-3 (MS)

The agency has clear guidelines regarding match monitoring expectations.

All indicators must be met (5/5)	Evidence of Compliance:
<p>1. The agency establishes the requirements and guidelines for match supervision for all programs. These guidelines meet the minimum requirements outlined in Appendix V.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) Self File Audit - Client Self-File Audit - Volunteer Staff Interview Volunteer Interview <p>REVIEW CYCLE : 4 YEARS</p> <p>See Appendix V - Match Supervision Guidelines</p>
<p>2. The agency has established guidelines regarding the use of email/text. These include:</p> <p>A. Electronic communication (email/text) does not ever replace all Face to Face required contact;</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE : 4 YEARS</p>

<p>B. Electronic communication (email/text) does not become the exclusive means of match contact;</p> <p>C. Contact via electronic communication (email/text) must be two way and show interaction, follow-up and coaching. Sending a contract request via electronic communication (email/text) does not count as a contact; and</p> <p>D. Certain match challenges may necessitate telephone, virtual call, follow-up, or a face-to-face meeting.</p> <p>i. The agency has the discretion to allow for exceptions and flexibility where needed.</p>	
<p>3. The agency has established guidelines regarding the expectations related to in person vs. virtual check-ins that meet the minimum requirements.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p> <p>See Appendix V- Match Supervision Guidelines</p>
<p>4. The agency has a procedure addressing volunteer and parent non-compliance of match monitoring Standards.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p>
<p>5. Practices are consistent with policies and procedures.</p>	<ul style="list-style-type: none"> Staff Interviews Self-File Audit - Client Self-File Audit - Volunteer <p>REVIEW CYCLE: 4 YEARS</p>

Standard SUP-4 (MS)

The agency documents all relevant interactions and information in participants files in a way that supports the match, facilitates service delivery continuity, meets insurance requirements, and complies with legislative requirements in its province of operation.

All indicators must be met (2/2)	Evidence of Compliance:
<p>1. Agencies have written policies, procedures or guidelines related to case noting and documentation that meet minimum standards.</p>	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) <p>REVIEW CYCLE: 4 YEARS</p>
<p>2. Agencies document case notes in the SDP. Paper copies are acceptable for historical files. However, all new matches and new</p>	<ul style="list-style-type: none"> SDP Reports <p>REVIEW CYCLE: YEARLY</p>

documentation related to active matches must be entered into the SDP within 1 year after the introduction of these new National Standards.	<ul style="list-style-type: none"> Documentation (<i>Policies and Procedures</i>) REVIEW CYCLE: 4 YEARS See Appendix D - Service Delivery Platform (SDP) Use
<p>Note: Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP] for all new cases and new documentation related to active cases. Agencies authorized to use another database must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards.</p>	

Component: Match Closure (CL)

Standard CL-1 (MS)

Match participants are provided with an opportunity to participate in activities and processes that celebrate the accomplishments of the relationship and provide a healthy closure to the match.

All indicators must be met (2/2)	Evidence of Compliance:
1. The agency offers an in-person match closure/graduation (previously interview) meeting to participants of the match where accomplishments and positive impacts of the relationship are discussed. <i>Note: If appropriate and capacity allows, agencies are encouraged to invite all match participants (Volunteer, Child/Youth, Parent/Guardian) to this meeting.</i>	<ul style="list-style-type: none"> Staff Interview Volunteer Interview REVIEW CYCLE : 4 YEARS
2. Details are documented in case files.	<ul style="list-style-type: none"> SDP Report REVIEW CYCLE: YEARLY <ul style="list-style-type: none"> Self File Audit - Client Self File Audit - Volunteer REVIEW CYCLE: 4 YEARS
<p>Note: Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP] for all new cases and new documentation related to active cases. Agencies authorized to use another database must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards.</p>	

Standard CL-2 (MS)

The agency has systems and structures in place to ensure all documentation related to the match is completed within two weeks after the match closure.

All indicators must be met (3/3)	Evidence of Compliance:
1. The agency completes all required match closure documentation including: <ul style="list-style-type: none"> A. The reason for the match closure; B. Recommendations of the appropriateness for rematch and re-engagement of the parent/guardian, child/youth and/or volunteer; and C. Match closure tasks in the Service Delivery Platform (SDP). 	<ul style="list-style-type: none"> • SDP Report <p>REVIEW CYCLE: YEARLY</p> <ul style="list-style-type: none"> • Self File Audit - Client • Self File Audit - Volunteer <p>REVIEW CYCLE: 4 YEARS</p> <p>See Appendix E – Client and Volunteer File Audit Instructions See Appendix U - Volunteer Interview and Reassessment</p>
2. Written notification of match closure to all parties within two weeks of the match closure. Notification must be sent via registered mail for those matches that end because of child safety concerns.	<ul style="list-style-type: none"> • Self File Audit - Client • Self File Audit - Volunteer <p>REVIEW CYCLE: 4 YEARS</p> <p>See Appendix E – Client and Volunteer File Audit Instructions See Appendix W – Match Closure Letters See Appendix X – Match Suspension Letters</p>
3. The agency has a system in place to audit closed files to ensure files are consistent with expectations.	<ul style="list-style-type: none"> • Self File Audit - Client • Self File Audit - Volunteer <p>REVIEW CYCLE: 4 YEARS</p>
<p>Note: Agencies will have up to January 1, 2026 to meet the minimum requirements outlined in Appendix D: Service Delivery Platform [SDP] for all new cases and new documentation related to active cases. Agencies authorized to use another database must provide a plan on how they will provide the National Office QA team with the necessary information to monitor compliance with the standards.</p>	

Standard CL-3 (SFE)

Structures and procedures are in place to reduce any adverse effects from the match closure for the child and to strengthen the positive impacts of the relationship.

1 of 2 Indicators must be met (1/2)	Evidence of Compliance:
1. The agency has an "alumni" or "graduate" program or other impactful related	<ul style="list-style-type: none"> • Documentation (<i>Program Description</i>)

opportunities to provide for match graduates to continue to engage with the agency.	<ul style="list-style-type: none"> • Staff Interviews REVIEW CYCLE : 4 YEARS
2. The agency has a referral process to connect youth with supports, programs and resources upon match graduation.	<ul style="list-style-type: none"> • Documentation (<i>Resource List</i>) • Staff Interviews REVIEW CYCLE: 4 YEARS